

# REQUEST FOR TRANSCRIPT



There is no charge for transcripts. To request a transcript, please complete and return this form:

- in person at the Records Office, second floor of the Smith-Pendergraft Campus Center
- by fax at (479) 788-7402
- by mail at University of Arkansas - Fort Smith, Attn: Records Office, 5210 Grand Avenue, PO Box 3649, Fort Smith, AR 72913-3649
- by e-mail through LionsLink at [records@uafortsmith.edu](mailto:records@uafortsmith.edu). (Please note that requests for transcripts can only be accepted from a LionsLink address, and transcripts cannot be sent by e-mail.)

Name \_\_\_\_\_  
Last First Middle Maiden

Student IDN or SSN \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Attendance Dates: From \_\_\_\_\_ To \_\_\_\_\_ Telephone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
**REQUIRED FOR TRANSCRIPT TO BE RELEASED (unless requested through LionsLink e-mail)**

\_\_\_\_\_ Prepare transcript(s) now  
\_\_\_\_\_ Prepare transcript(s) after grades are recorded  
\_\_\_\_\_ Prepare transcript(s) after graduation statement is recorded

\_\_\_\_\_ Number of Copies

\_\_\_\_\_ Official Transcript (Enclosed in sealed envelope)  
\_\_\_\_\_ Unofficial Transcript (Not in sealed envelope; e.g., *faxed* copy)

**USE A SEPARATE TRANSCRIPT REQUEST FOR EACH ADDRESS OR FAX**

**MAIL RECORD TO:**

\_\_\_\_\_  
Name of Institution/Person  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
City State Zip

**FAX RECORD TO:**

\_\_\_\_\_  
Name of Institution/Person  
\_\_\_\_\_  
Fax no. including area code

**RECORDS OFFICE:** Date Sent \_\_\_\_\_ Initial \_\_\_\_\_